ENTRY BLANK	740	0	
PLEASE TYPE OR	PRINT	1/	7
□ Ms. Mr. Artist	ICHAEL 4	LICH	(Last Name Last)
Permanent Address Street	10 YOUNG	RD.	570W
44224	Daytime Tel. (	831	1-0110cw
Zip	Area Code		-4820CHOM
Temporary or Studio Address Str	eet .	000	Chy
300			Orey
	Daytime Tel. (	)	
Zip	Area Code		
	ently live in one of the		
Western Reserve, ir	n which county were	you born	?
Collaborator			
	(If Any)		
	s are not accepted	or not so	ld:
X Artist will pick u	•		
☐ Museum should	dispose of.		
	ship to artist at art	tist's expe	ense
to this addres	s.		

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 21, 1985.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature Michael Whichneys

DO NOT DETACH

	1 . Paintings							
	ACRYCIC							
	Title	SHOE		A	ed			
	Price or NFS	Insurance if NFS O	nly	Size 77	×60"			
A.T.	Additional No.	PHICS AND PHOTOG		Price Unframed	Price of Frame			
	ACCEPTED	DO NOT WRITE IN THE	THIS SE		ACCEPTED			
DETACH		Paintings   2. Constitution 2.		s 🗆 3. Ph	otography			
	ACRY Title TOMA	ILIC TO						
	Price or NFS	Insurance V If NFS Only		Size	0×58			
ST	Additional No. For Sale	RAPHICS AND PHOTO	Price Unframed	rice Price of				
	ACCEPTED	DO NOT WRITE IN THIS SECTION		V	RECEIVED			
	REJECTED		REJE	CTED	DATE			